

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 590458

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
3			1				
4							
5							
6							
7							
8							
9			1				
10			1				
11			1				
12							
13							
14							
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17							
18							
19			1				
20							
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37							
38							
39							
40			1				
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.		↓	3	↓		↓	
TOTAL DEP.	←		31	←		←	
TOTAL CLAIMS			40				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←		←		
TOTAL CLAIMS							